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(6/98)

DECLARATION

OR

Declaration
 Submitted after
Initial Filing

Attorney Docket Number	Mika Anttila
First Named Inventor	
COMPLETE IF KNOWN	
Application Number	10/809 041
Filing Date	25 March 2004
Group Art Unit	
Examiner Name	

Declaration
 Submitted with
Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Arrangement in connection with a patient circuit and an absorber means

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

03/25/2004

as United States Application Number or PCT

International Number
(if applicable)

10/809,041

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority sheet attached hereto. I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional Application numbers are listed on a supplemental priority sheet attached hereto.

Please type a plus sign (+) inside this box [+]

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
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Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname			
Timo		HOLOPAINEN			
Inventor's Signature	<i>Juha</i>		Date 09/09/03		
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Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname			
Santu		LAURILA			
Inventor's Signature	<i>Juha Laurila</i>		Date 7.9.2004		
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City	FI-00500 Helsinki	State	Zip	Country	Finland

Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname		
Inventor's Signature				Date
RESIDENCE: City		State	Country	Citizenship
POST OFFICE ADDRESS				
City		State	Zip	Country

Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname		
Inventor's Signature				Date
RESIDENCE: City		State	Country	Citizenship
POST OFFICE ADDRESS				
City		State	Zip	Country

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